ECH CENTER 1600/2900

MAR 2 1 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Alain CADIEUX

Title:

USE OF CALCITONIN GENE-RELATED PEPTIDE IN THE PREVENTION AND ALLEVIATION OF ASTHMA AND RELATED BRONCHOSPASTIC PULLMONARY DISEASE

Appl. No.:

09/475,072

Filing Date:

12/30/1999

Examiner:

Patrick Nolan

Art Unit:

1644

AMENDMENT TRANSMITTAL

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	16		20	=	0	×	\$18.00	=	\$0.00
Independents:	1	_	3	=	0	×	\$84.00	=	\$0.00
First presentati	on of any M	ultipl	e Dependen	t Cla	ims:	+	\$280.00	=	\$0.00
	CLAIMS FEE TOTAL:						=	\$0.00	

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

\$0.00	\$110.00	Extension for response filed within the first month:	[]	
\$410.00	\$410.00	Extension for response filed within the second month:	[X]	
\$0.00	\$930.00	Extension for response filed within the third month:	[]	
\$0.00	\$1,450.00	Extension for response filed within the fourth month:	[]	
\$0.00	\$1,970.00	Extension for response filed within the fifth month:	[]	
\$410.00	N FEE TOTAL:	EXTENSIO		
\$410.00	N FEE TOTAL:	CLAIMS AND EXTENSION FEE TOTAL:		
\$205.00	½ of above):	Small Entity Fees Apply (subtract ½ of above):		
\$205.00	TOTAL FEE:			

- [] Please charge Deposit Account No. 19-0741 in the amount of \$205.00. A duplicate copy of this transmittal is enclosed.
- [X] A check in the amount of \$205.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 21, 2003

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Matthew E. Mulkeen Agent for Applicant Registration No. 44,250